

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90013 044 ***150.00

DOCUMENT # P01000113178

1. Entity Name
LEE COUNTY INTERNAL MEDICINE ASSOCIATES, P.A.



Principal Place of Business
**2002 DE PRADO BLVD
SUITE 100
CAPE CORAL, FL 33990**

Mailing Address
**2002 DE PRADO BLVD
SUITE 100
CAPE CORAL, FL 33990**

50021007



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-1151523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADLER, NATHAN, ATTY. CPA
8695 COLLEGE PARKWAY
SUITE 112
FORT-MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTS
TORRICELLI, RICHARD J
2002 DEL PRADO BLVD STE. 100
CAPE CORAL, FL 33990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TORRICELLI, RICHARD J
2002 DEL PRADO BLVD STE. 100
CAPE CORAL, FL 33990** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT
50021007
Division of Corporations

Annual Report

Annual Report Help

Document Number

P01000113178

Business Entity Name

LEE COUNTY INTERNAL MEDICINE ASSOCIATES, P.A.

F I Number **651151523**
F I Number Status ☒ Listed Above ☐ Applied For ☐ Not Applicable
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each
Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address **2002 DE PRADO BLVD**
Suite, Apt. #, etc. **SUITE 100**
City, State **CAPE CORAL** **FL**
Zip Code & Country **33990** **US**

Mailing Address

Address **2002 DE PRADO BLVD**
Suite, Apt. #, etc. **SUITE 100**
City, State **CAPE CORAL** **FL**
Zip Code & Country **33990** **US**

Name and Address of Registered Agent

Name (Last, First, Middle, Title) **ADLER** **NATHAN, ATTY.** **CPA**

- OR -

Business to serve as RA

Address (PO Box is not acceptable) **8695 COLLEGE PARKWAY**
Suite, Apt. #, etc. **SUITE 112**
City, State **FORT MYERS** **FL**
Zip Code & Country **33919** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of

ATTACHMENT

50021007
#P01000113178

registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

PVTs

Name (Last, First, Middle, Title)

TORRICELLI

RICHARD

- OR -

Entity Name to serve as
Officer/Director

Street Address

2002 DEL PRADO BLVD STE. 100

City, State

CAPE CORAL

FL

Zip Code & Country

33990

Title

D

Name (Last, First, Middle, Title)

TORRICELLI

RICHARD

- OR -

Entity Name to serve as
Officer/Director

Street Address

2002 DEL PRADO BLVD STE. 100

City, State

CAPE CORAL

FL

Zip Code & Country

33990

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

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Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

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Start Over

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